**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

Aug 06, 2001 8:00 am Secretary of State DOCUMENT # 834524 1. Entity Name POTASH IMPORT & CHEMICAL CORPORATION 08-06-2001 90074 045 \*\*\*550.00 Principal Place of Business Mailing Address 201 EAST 42ND STREET 201 EAST 42ND STREET NEW YORK NY 10017 NEW YORK NY 10017 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-1769330 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 1 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **CORPORATION SERVIE COMPANY** Street Address (P.O. Box Number is Not Acceptable) 120 PHAYS STREET, SUITE 105 TALLAHASSEE FL 32301 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Delete TITLE TITLE President HORN. GERHARD NAME NAME Ernst Andres STREET ADDRESS 201 EAST 42ND STREET STREET ADDRESS Potash Import & Chemical Corp. NEW YORK NY 10017 CITY-ST-ZIP CITY-ST-ZIP 201 East 42nd St., New York, NY 10017 **V**ice President Mark Roberts TITLE Delete TITLE Change NAME WAHL, HEINER NAME Potash Import & Chemical Corp. STREET ADDRESS 201 EAST 42ND STREET STREET ADDRESS 201 East 42nd St., New York, NY 10017 CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10017 ☐ Change Addition TITLE . و المراجع ال -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director one execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report from the corporation or the receiver or trustee of the corporation or the receiver or trustee o

SIGNATURE:

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